



## Membership Distribution Voluntary Tribal Entity Deductions

**POWER OF ATTORNEY WILL NOT BE ACCEPTED FOR CHANGES**

Tulalip Housing: \$ \_\_\_\_\_ Account #: \_\_\_\_\_  
 Salish Networks: \$ \_\_\_\_\_ Account #: \_\_\_\_\_  
 Tulalip Utilities: \$ \_\_\_\_\_ Account #: \_\_\_\_\_  
 Tulalip Leasing: \$ \_\_\_\_\_ Account #: \_\_\_\_\_  
 Tulalip Moorage: \$ \_\_\_\_\_ Account #: \_\_\_\_\_

Do you want this to be deducted every month?  Yes  No Initial: \_\_\_\_\_

**CHOOSE ONE:**

Elder Support  Disability  Monthly Distribution

You **must** notify the Tulalip Tribes Finance Department when deductions are to stop.

Tribal ID: \_\_\_\_\_ Email address: \_\_\_\_\_ Phone #: \_\_\_\_\_

Print Legal Name: \_\_\_\_\_

\_\_\_\_\_ Date

\_\_\_\_\_ Signature **\*\*\*NO ELECTRONIC SIGNATURE WILL BE ACCEPTED\*\*\***

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Form **must** be received **two weeks** prior to any check distribution

**Return this completed form to the Tulalip Tribes Cashier Window (Time Stamped)**

**Deliver to:**

Membership Distribution  
6406 Marine Drive, Tulalip, WA 98271

OR

**Fax to:**

360-716-0304

OR

**Email a scanned signed copy to:**

membershipdistribution@  
tulaliptribes-nsn.gov

*If you have any questions, please call the Membership Distribution at 360-716-4364*